

More Frequently Asked Questions

About the Family Care Pilot Demonstrations

Pre-Admission Consultation



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**Volume 7
December, 1999**

FAQ ON PRE-ADMISSION CONSULTATION

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1. What is the purpose of Pre-Admission Consultation?

Pre-Admission Consultation (PAC) is designed to ensure that, prior to entering a residential facility due to long term care needs or soon after admission, an individual is informed of available LTC options and is counseled about those options before making permanent decisions regarding their long term care. It will also provide individuals with an opportunity to determine whether they are eligible for Family Care. PAC will consist of LTC Options Counseling, the LTC Functional Screen, and the Financial Declaration and/or a financial application for Family Care.

2. What facilities are required to refer for PAC?

Nursing Homes, Community Based Residential Care Facilities, Adult Family Homes, and Residential Care Apartment Complexes will all participate in the PAC referral process. The requirement for hospitals indicates that, prior to discharging a patient who is aged 65 or older or who has a developmental or physical disability and whose disability or condition requires long-term care that is expected to last at least 90 days, the hospital shall refer the patient to the Resource Center. The Secretary of DHFS will officially notify each county, hospital, nursing home, community-based residential facility, adult family home and residential care apartment complex the date on which a Resource Center that serves the area is first available to provide PAC.

3. Who will be required to be referred for Pre-Admission Consultation?

Facilities listed in Question 2 will be required to refer to the Resource Center for PAC: Any individual who is seeking admission to a nursing home, CBRF, AFH, or RCAC and is at least 65 years old or who is age 17 years and 9 months and who has a physical or developmental disability, and who has a condition requiring long-term care that is expected to last at least 90 days, Resource Center staff will offer PAC to individuals referred to them through this process.

4. Are there exemptions to the PAC requirements?

The following individuals and situations are exempt from PAC:

- A person who has received a functional screen during the past 6 months
- A person who enters a nursing facility, CBRF, RCAC, or AFH for respite care
- A person who is already enrolled in a CMO, a Wisconsin Partnership Program or a PACE program.
- A person readmitted to a nursing home, CBRF, RCAC, or AFH from a hospital. This applies to people residing in a facility for at least 90 days and readmitted to the same facility within 60 days from admission to the hospital.

5. Is recuperative care an exemption to the PAC requirements?

Admissions for recuperative care are not exempt from the PAC process. Individuals who are admitted for recuperative care will be referred for a PAC if the facility determines that the person has a long term care need which is expected to last for longer than 90 days and they meet one of the identified target groups. The Department will provide guidelines to facilities to assist them in making this determination.

6. Will Resource Centers be required to offer the LTCFS as part of the PAC process?

Yes. All current Resource Centers, whether functioning in conjunction with a CMO or as a stand alone Resource Center, will be required to use the LTC functional screen with individuals who accept the offer of PAC. The information gathered during the screening process is important to the LTC Options Counseling. It is also essential to the Department's research on the effectiveness of PAC in diverting individuals to community care.

7. What are the purposes of the Long Term Care Functional Screen (LTCFS)?

The LTCFS is a multi-functional tool. It is used as a tool to gather information to determine a functional level of care for Family Care, as a guide for LTC Options Counseling, as a source of research information during the demonstration phase, and, in the future, to conduct research needed to set CMO rates based on the costs associated with level of care.

8. Is an individual required to divulge financial information (i.e. income and assets) as part of the PAC process?

An amendment to the original statutory language clarifies that private pay individuals, unless they are expected to become Medicaid eligible within 6 months, are not required to provide financial information as part of the PAC process.

The Department will develop a financial declaration form that can be used to 1) estimate whether a person would become MA eligible within 6 months based on their income, assets, and the cost of a facility, thus exempting them from the need to divulge financial information and 2) provide basic information to be used when counseling individuals about their options during the LTC Options Counseling process.

9. What if an individual declines the screen?

An individual has the right to decline the LTC functional screen or any other part of the PAC process. Resource Center staff will contact individuals for the PAC process shortly after referral and will explain the purpose of PAC. They will answer any questions from the referred individual, explain Family Care, and offer to conduct the LTC functional screen and the financial declaration.

10. If an individual declines to have a screen, where is it documented?

Resource Centers will use a PAC Documentation Form, developed by the Department, to record information such as when a referral is received, the name of the facility referring, whether a person accepts or declines the screen, the reason given for declining a screen, when a screen is completed, if accepted, and whether the person ultimately chooses community care. Current plans are to automate this form.

11. What happens if the RC can't complete the screen in the timelines defined in the contract?

It is recognized that in some instances the Resource Center may not be able to complete the LTCFS in the time frames specified in the contract. The revised LTCFS will include space to document the reasons for the delay in completing the screen.

12. What if facilities don't make referrals to the Resource Center?

Several mechanisms exist to ensure facilities are knowledgeable about their responsibility regarding PAC. Administrative rules have been written which describe a facility's requirement to provide all prospective residents with information about the Resource Center and Family Care. Facilities may be subjected to forfeiture if they do not make referrals as specified in the statute. All facilities will also receive a letter from the Department Secretary certifying that the Resource Center is available to them for referrals.

13. Can the LTCFS be used as a substitute for the comprehensive assessment now required for entry into CBRF's in the demonstration counties?

Yes. The PAC process, which includes the LTCFS, can be substituted for the current process, including the COP screen, in any pilot county.

14. How should we prioritize the phase in of PAC?

The Pre-Admission Consultation function will be implemented locally. Each Resource Center will develop and submit an implementation plan, for Department approval, detailing how they will meet the PAC requirements. The Department will provide more detail on PAC plan guidelines for phase-in very shortly.